

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: Apparatus And Method For Monitoring
Supplemental Oxygen Usage
Attorney Docket Number:: 1-24530
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 3
Small Entity?: No
Petition Included?: No

Inventor Information

Applicant Type:: Inventor
Primary Citizenship Country:: United States
Status: Full Capacity
Given Name:: Frank
Middle Name:: R.
Family Name:: Frola
City Residence:: Somerset
State or Province of Residence:: Pennsylvania
Country of Residence:: United States
Street of Mailing Address 507 Harrison Ave.
City of Mailing Address Somerset
State or Province of Mailing Address:: Pennsylvania
Country of Mailing Address United States
Postal or Zip Code:: 15501

Correspondence Information

Correspondence Customer Number:: 4859

Representative Information

Representative Customer Number:: 4859

Domestic Priority

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Provisional	60/482,356	06/25/03

Assignee Information

Assignee name:: Sunrise Medical HHG Inc.
Street of Mailing address:: 7477 East Dry Creek Parkway
City of mailing address:: Longmont
State or Province of mailing address:: Colorado
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 80503